INTERPERSONNEL AGREEMENT (IPA) BOSTON UNIVERSITY

	NOTE: BU'S PROP	POSAL SUMMARY FORM IS	NOT SUITABLE FU	K IPA ACTION	IS .	
PRINCIPAL INVE	STIGATOR PROJECT D	DIRECTOR				
Last Name	First Name	5	-1			
Last Name	ast Name First Name		Email			
Lead Unit Lead Unit Numb		er Department		School		
PARTICIPATING	EMPLOYEE					>
Last Name	First Name	Ema	ail		Phone Number	
Cost Center Name Cost Center Nur		mber Department		School		
ADMINISTRATIV	E CONTACT					
Last Name	First Name	Ema	iil			
PROPOSED TIM	IELINE & AGREEMENT IN	NFORMATION				
Funding Agency (if VA, specify location) Transacti PROPOSED TIMELINE (Cannot be more than 12 mo Start Date (mm/dd/yyyy) Total number of month		onths) hs Total nu	Internal SAP Grant Nu (if applicable) Total number of months of		umber Are all dates within the current 48 month cycle listed on Page 1 Box 5 of the IPA document?	
required End Date (mm/dd/yyyy)		service on IPA since last bre		break	Yes No	
BUDGET	(УУУ)					
CRC		MED				
0110						:4
Base Salary (\$)	Summer Salary (\$)	Base Salary (\$)			Are the followin included with the Request?	_
Base Salary (\$) Fringe Benefit Rate		Base Salary (\$)		Deadline (Da ta must be ente	included with the Request?	is IPA
		Base Salary (\$)	payroll da	ta must be ente	included with the Request? ate BU Signed I-9 Started) CV/Biosketch	nis IPA
Fringe Benefit Rate	e (%) Fringe Benefit Rate(%)	Base Salary (\$) Fringe Benefit Rate	payroll da Discret Numbe	ta must be ente	ate BU ered) Signed I-9 Start CV/Biosketch Ce Declaration for Employment (atement or Federal
Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENS	Summer Effort (%) ATION	Base Salary (\$) Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENSA	Discret Numbe *Will be concepted vacation prother.	ta must be ente ionary Sourc r*	included with the Request? ate BU Signed I-9 State CV/Biosketch Ce Declaration for Employment (atement or Federal (OF 306)
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Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENS automatically calculat APPROVALS & \$	Summer Effort (%) Summer Effort (%) ATION es Click here to refresh BIGNATURES By signing and accepting to responsible for all HR issue	Base Salary (\$) Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENSA automatically calculates this IPA, you accept and es related to this emplo	Discret Numbe *Will be concepted vacation pother. TION Tio	ta must be enterionary Source r* harged if IPA is in time for payroayout is required to the BU department.	included with the Request? ate BU Signed I-9 Start CV/Biosketch Ce Declaration for Employment (stroot roll, ed, or Signed IPA Actions to the control of t	atement or Federal (OF 306) greement
Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENS automatically calculate APPROVALS & S PARTICIPATING	Summer Effort (%) Summer Effort (%) ATION es Click here to refresh SIGNATURES By signing and accepting to responsible for all HR issue	Base Salary (\$) Fringe Benefit Rate Effort (%) Travel (\$) TOTAL COMPENSA automatically calculate. this IPA, you accept and es related to this employed. Date	Discret Numbe *Will be of executed vacation pother. TION The image is a payroll da PRINCIPAL	ta must be enterionary Source r* harged if IPA is in time for payre hayout is require to the BU de Name (printed, if n	ate BU Signed I-9 Startend) CV/Biosketch Ce Declaration for Employment (Signed IPA A	atement or Federal (OF 306) greement

Signature / Electronic Signature

Signature / Electronic Signature